



**Department of
Environmental
Conservation**

Notice of Intent

GP-0-17-004

This is the Notice of Intent for Stormwater Discharges Associated with Industrial Activity under the State Pollutant Discharge Elimination System (SPDES) Multi-Sector General Permit GP-0-17-004.

The completed Notice of Intent (NOI) should be submitted to:

MSGP Coordinator,
NYSDEC Division of Water,
625 Broadway, 4th Floor
Albany, New York 12233-3505

For Department Use Only

NYR

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Save time by filing your NOI electronically using the E-NOI found on the Departments website

IMPORTANT

- Applicants must read and understand the conditions of the permit prior to submitting this NOI Form.
- Applicants are responsible for identifying and obtaining other DEC permits that may be required.
- Use this NOI to obtain coverage under GP-0-17-004 OR to make revisions to a previously submitted NOI.
- **ALL SECTIONS MUST BE COMPLETED** Incomplete forms will be returned to you, thereby delaying your coverage under this General Permit.
- Type or print in boxes. Avoid contact with the edge of the boxes.
- Fill in circles completely and do not use check marks.
- The Owner/Operator must sign the NOI.

SECTION 1

Owner/Operator Information

Federal Tax ID #

2	6	-	3	7	0	7	7	9	1
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Enter the name of the legally responsible entity and the address of the executive office.

O/O Name

[illegible]

O/O Street Address

[illegible]

O/O City

[illegible]

O/O State

O/O Zip

N	Y
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1	0	3	0	3	-				
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Contact Information

Enter the name and contact information for the individual responsible for communicating with DEC regarding the implementation of the MSGP on behalf of the owner/operator.

Contact First Name

[illegible]

Contact Last Name

[illegible]

Contact Phone

5	1	6	-	6	2	4	-	7	2	0	0
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Contact eMail

m	k	o	n	o	n	e	n	k	o	@	w	a	l	d	e	n	-	a	s	s	o	c	i	a	t	e	s	.	c	o	m
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[illegible]

Facility Information

Enter the complete street address of the physical location of the facility.

Facility Name

F a z t e c I n d u s t r i e s I n c .

Facility Street Address

3 3 1 E d w a r d C u r r y A v e n u e

Facility City

S t a t e n I s l a n d

State

N Y

Facility Zip

1 0 3 1 4 -

Facility County

R i c h m o n d

Geographic Coordinates

Provide the geographic coordinates in decimal degrees for the latitude & longitude of the facility. The NYSDEC Stormwater Interactive Map on the DEC's website can be used to get coordinates: www.dec.ny.gov/imsmaps/stormwater/viewer.html

4 0 . 6 1 1 3 5 7 - 7 4 . 1 8 7 3 6 0

Latitude

Longitude

Primary Standard Industrial Classification (SIC) Code

Provide the facility's 4-digit Primary SIC code. The Primary SIC code is the classification of the industrial activity that generates the most revenue for the facility.

2 9 5 1

Billing Information

- ☒ Billing information is same as Owner/Operator (Do not complete this section)
- ☐ Billing information is different from Owner/Operator (Please complete billing information below)

Name

Street Address

City

State

Zip

-

[illegible]

7(a). Has this facility been assigned a SPDES MSGP ID under previous versions of the MSGP? ☐ Yes ☒ No
If No, go to question 8.

7(b). If Yes, Provide the ID if known (Note: All SPDES MSGP IDs begin with NYR00)

The facility's existing ID is:

N	Y	R	0	0				
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SECTION 3

8. Does this facility have coal piles that are exposed to precipitation? ☐ Yes ☒ No

9. Does this facility have salt piles that are exposed to precipitation? ☐ Yes ☒ No

10. Does this facility discharge stormwater from secondary containment areas for liquid bulk storage or transfer areas? ☐ Yes ☒ No

11. SECTOR S - Is this facility an airport that uses more than 100,000 gallons of glycol-based deicing/anti-icing chemicals and/or 100 tons or more of urea on an average annual basis? ☐ Yes ☒ No

12. Is a Representative Outfall Waiver being claimed in accordance with Part IV.G?
(If Yes, please submit the Representative Outfall waiver form with the NOI). ☐ Yes ☒ No

13. For each stormwater discharge associated with industrial activity at your facility identify:

The 3-digit outfall number (e.g., 001, 002, etc.);

The 4-digit Standard Industrial Classification (SIC) codes;

The Sector Code or the 2-letter Industrial Activity Code that best represent the principal products or services rendered by the facility for that drainage area. If the Sector Code is N, then include the N subsector;

The Benchmark (B) and/or Compliance (C) monitoring required;

The acreage of industrial activity exposed to stormwater for each outfall (round to nearest tenth of an acre)

Industrial Activities (SIC or 2-letter Codes)

Outfall Number	Primary SIC	Sector	Monitoring Required	Secondary SIC	Sector	Monitoring Required	Tertiary SIC	Sector	Monitoring Required	Acreage
0 0 1	2 9 5 1	D	B							1.7
Total Acreage										1.7

14. Is the facility subject to any of the following EPA Point Source Category Effluent Limitations?

- (a) SECTOR A - Discharges resulting from spraydown or intentional wetting of logs at wet deck storage areas? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (b) SECTOR C - Contaminated runoff from phosphate fertilizer manufacturing facilities? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (c) SECTOR D - Runoff from asphalt emulsion facilities? ☐ Yes ☒ No

If Yes, list Outfall numbers.

0	0	1																	
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- (d) SECTOR E - Runoff from material storage piles at cement manufacturing facilities? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (e) SECTOR J - Mine dewatering discharges at crushed stone, construction sand and gravel, and industrial sand mines? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (f) SECTOR L - Leachate that is commingled with stormwater runoff from landfills? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (g) SECTOR O - Coal Pile runoff at steam electric power generating facilities? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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- (h) SECTOR S - Discharges from airport deicing using airfield deicing products that contain urea at an airport with at least 1,000 annual non-propeller aircraft departures.? ☐ Yes ☒ No

If Yes, list Outfall numbers.

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Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

J o h n
O/O First Name (please print or type)

MI

0 7 / 1 1 / 2 0 1 9
Date

D i F a z i o
O/O Last Name (please print or type)

O/O Signature